



Workplace Incident Report Form (Non-Laboratory)

Use this form to report a workplace safety incident, unsafe condition, or near-miss. Submit completed reports to esh@umbc.edu. Forms may also be deposited in the Report Form Box located at the front of the Tech 2 Building (adjacent to the Technology Research Center). If there was an injury to a worker associated with this event, please have affected individual submit an [Employee's First Report of Injury form](#) and have their supervisor submit a [Supervisor's First Report of Injury](#) form to the UMBC Office of Environmental Safety and Health Before completing this form. Forms can be found by visiting <https://safety.umbc.edu>. First Report of Injury forms must be submitted within 24hrs of incident. Please visit <https://safety.umbc.edu/work-related-injury-or-illness/> or call (410) 455-2918 for more information.

INCIDENT DETAILS

Date and time of the incident:

Incident Location (Building and:
Rm# or Specific Area)

Describe the incident in as much
detail as you can provide

Witness(es) Phone and Email:

INCIDENT CATEGORY

Select the appropriate category for the incident:

- ☐ Slip, Trip, or Fall
- ☐ Equipment or Machinery Malfunction
- ☐ Hazardous Material Exposure
- ☐ Fire or Explosion
- ☐ Personal Injury
- ☐ Near Miss (incident with potential for harm but no actual injury)

☐ Other (specify) :

PERSON(S) INVOLVED

Name(s) of the person(s) directly involved in the incident

Describe the nature and extent of the injuries, if any

Describe the treatments provided, if any

IMMEDIATE ACTIONS TAKEN

Describe the immediate actions taken to address the incident and ensure safety

CONTRIBUTING FACTORS

Were there any contributing factors to the incident? If yes, select the relevant factors:

- ☐ Inadequate training
- ☐ Equipment failure
- ☐ Unsafe work conditions
- ☐ Human error

- ☐ Lack of supervision
- ☐ Communication breakdown
- ☐ Other (Specify)

CORRECTIVE OR PREVENTATIVE MEASURES

What corrective or preventive measures can be implemented to avoid similar incidents in the future?

ADDITIONAL COMMENTS

Is there any additional information or comments you would like to include?

REPORTER INFORMATION

Name of Person Completing Report

Job Title / Role

Contact Phone and Email